

1222855

A.P.N.: 002-152-18
File No: 103-2153949 (DMR)

FILED FOR RECORDING
AT THE REQUEST OF

When Recorded, Mail To:
Leon Hollingshead
P.O. Box 25
Parowan, UT 84761

First American Title
2004 AUG 17 AM 11:58

LINCOLN COUNTY RECORDED
FEE 16.00
LESLIE BOGREN

AFFIDAVIT - TERMINATING JOINT TENANCY

Leon G. Hollingshead, of legal age, being first duly sworn, deposes and says:

That **Garland N. Hollingshead**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Garland N. Hollingshead** named as one of the parties in that certain **Joint Tenancy Deed** dated **August 15, 1997** executed by **Garland N. Hollingshead** to **Garland G. Hollingshead and Leon G. Hollingshead, Edith Jean Hill, Ralph E. Hollingshead, father, sons and daughter** as joint tenants, recorded as Document No. **109563** on **August 15, 1997** in Book **129 Page 545** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln, State of Nevada** :

Parcel 1 of Parcel Map for Hollingshead Family Trust dated 06/01/1992 situated within **Block 35 of the Town of Panaca, Sec. 9, T. 2 S., R. 68 E., M.D.M.** recorded **May 18, 2004** in **Plat Book C, page 44** as **File No. 122348** in the Office of the County Recorder, Lincoln County, Nevada.


Leon G. Hollingshead
8/2/04
Date

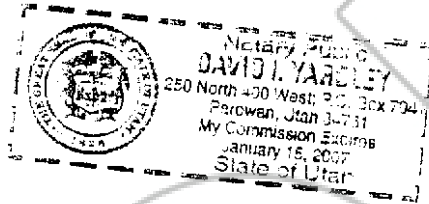
STATE OF *Utah*)
)
COUNTY OF *Iron*)
)
:SS.

This instrument was acknowledged before me on *August 2, 2004*
_____ by

Leon G. Hollingshead

David J. Yardley

Notary Public
(My commission expires: *1-15-07*)



STATE OF UTAH - DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information on this form is limited under the Vital Statistics Act and Rules

LOCAL FILE NUMBER **27-810**

STATE FILE NUMBER

1. NAME OF DECEDENT FIRST MIDDLE LAST Garland Nelson HOLLINGSHEAD			2. SEX Male		3a. DATE OF DEATH (Mo., Day, Yr) Dec 23, 2003		3b. TIME OF DEATH (24 hr. clock) 2053		
4. DATE OF BIRTH (Mo., Day, Yr) Aug 22, 1911			5. AGE - Last Birthday 92		6. BIRTHPLACE (City & State or Foreign Country) Panaca, NV		7. SOCIAL SECURITY NUMBER [REDACTED]		
8a. PLACE OF DEATH (check only one) <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA			8b. HOSPITAL (status codes for hospital) OR OTHER LOCATIONS: <input type="checkbox"/> 4. Nursing Home <input type="checkbox"/> 5. Residence (any) <input type="checkbox"/> 6. Other (specify)			8c. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) DIXIE REGIONAL MEDICAL CENTER			
9a. CITY, TOWN OR LOCATION OF DEATH St. George			9b. COUNTY OF DEATH Washington			9. SURVIVING SPOUSE (if wife, give maiden name)			
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No			11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Teacher		12b. KIND OF BUSINESS OR INDUSTRY Education	
13a. RESIDENCE - STREET AND NUMBER 45 South 4th Street			13b. CITY, TOWN, OR COMMUNITY Panaca			13c. COUNTY Lincoln		13d. STATE Nevada	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		13f. ZIP CODE 89042		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)		15. RACE - Black, White, Am. Indian (Inds. may be entered), Japanese, etc. (Specify) White		16. EDUCATION (Specify any highest grade completed: Elementary or Secondary; 3-12; College; 13-16 or 17+) 17+	
17. FATHER'S NAME (First, Middle, Last) John Franklin HOLLINGSHEAD				18. MAIDEN NAME OF MOTHER (First, Middle, Last) Ida Lee					
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Edith Jean Hill Daughter 200 N. 5th St. Panaca, Nevada 89012									
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION Dec 29, 2003		21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Panaca City Cemetery		21c. LOCATION - City or Town, State Panaca, NV 89042			
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>			23. LICENSE NUMBER 106092		24. FUNERAL HOME (Name and address) Metcalf Mortuary				
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 12/23/03			26. I AM NOTIFIED BY PHYSICAL EXAMINER, was death reported to me? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			27. ADDRESS OF DEATH (Street, P.O. Box, etc.) 288 W. St. George Blvd. St. George, UT 84770			
27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.									
27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> M.D.			27c. LICENSE NUMBER 4839153-1205		27d. DATE SIGNED (Mo., Day, Yr) 12/30/03				
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 21); (Type/Pnt) M.D. Keshav CHANDER 595 S. BLUE #6, St. George, UT 84770									
29. REGISTRAR'S SIGNATURE <i>[Signature]</i>				30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr) DEC 24 2003		30b. DATE FILED (Mo., Day, Yr) DEC 31 2003			
31. PART I: ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (disease or condition resulting in death) a. <u>CHF CONGESTIVE HEART FAILURE</u> b. <u>CORONARY ARTERY DZ.</u> Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST c. _____ d. _____									
32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 2. Was the underlying cause of death. <input checked="" type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death.			33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		34. WERE AUTOPSY FINDINGS AND LABELS HELD TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No				
35a. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured purposefully or accidentally <input type="checkbox"/> 6. Pending investigation			35b. DATE OF INJURY (Mo., Day, Yr)		35c. TIME OF INJURY (24 hour clock)	35d. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		35e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	
35f. LOCATION (Street or route, route number, city or town, county and state)			35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY should be listed in item 31)						

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **DEC 29 2003**
Washington

Barry E Nangle
Barry E. Nangle

County
Registrar *[Signature]*

DIRECTOR OF VITAL RECORDS



By *[Signature]*



SDH-BVRHS 95 (9/96)

LLC1445098

* 0 1 4 4 5 0 9 8 *

100K 190

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.